

EARLY INTERVENTION 2002 CONTINUATION REQUEST FOR PROPOSAL APPLICATION CHECKLIST

Legal Name of Applicant _____

INSTRUCTIONS: This Checklist must be completed and submitted with the application. It is provided to ensure that the application is complete, proper signatures are included, and the required assurances, certifications and attachments have been submitted. If you show N/A on any item, please explain why on the reverse side of this form.

APPLICATION CONTENT

	Included	N/A
1. Application Page is completed, and proper signature and date are included	_____	_____
2. Application Checklist is completed and attached to original application	_____	_____
3. Contact Person Information	_____	_____
4. Work Plan	_____	_____
5. Performance Measures	_____	_____
6. Financial Information		
a. Categorical Budget Justification	_____	_____
b. Personnel Form	_____	_____
c. Subcontractor Data on each subcontractor	_____	_____
d. Copy of most recently approved indirect cost agreement is attached, or	_____	_____
e. Indirect Cost Category Detail Form	_____	_____
7. Other Required Forms and Documentation are attached and signed		
a. Historically Underutilized Businesses [HUBs]	_____	_____
b. Disclosure of Lobbying Activities	_____	_____
c. Nonprofit Board Member and Executive Officers Assurances Form	_____	_____
d. TDH Assurances and Certifications	_____	_____
e. HIV Contractor Assurances	_____	_____
f. Assurances re. Standards for Clinical and Case Management Services	_____	_____
g. Assurance of Pharmacy Notification	_____	_____
h. Request for Medicaid Waiver	_____	_____

SUBMISSION OF APPLICATION:

____ ORIGINAL AND ONE COPY OF APPLICATION TO AUSTIN TDH ADDRESS
 ____ SEND ONE COPY OF APPLICATION TO REGIONAL HIV COORDINATOR